

BERRIEN SPRINGS ORONOKO TWP POLICE OFFICER REPORT OF TRAINING

NAME: Jim Iviss ID#: 109 DATE: 02/28/21

TRAINING DATE(S): FROM: 02/28/21 TO: 1/1 # HOURS: 0.25

COURSE TITLE: NARCAN TRAINING

LOCATION OF TRAINING: BSOTPD

TRAINING PROVIDER: BSOTPD

INSTRUCTOR: N/A

TYPE OF TRAINING or DEPARTMENT POLICY REVIEW: (LIST CHAPTERS/TOPICS) PowerPoint

MCOLES APPROVED COURSE: ☐ YES ☒ NO MCOLES NUMBER: _____

INNER DEPARTMENT PROVIDED TRAINING ONLY: ☒ YES ☐ NO

CERTIFICATE EARNED: ☐ YES ☒ NO (IF YES, ATTACH COPY OF CERTIFICATE)

CHECK ALL THAT APPLY

☐ PRACTICAL EXERCISES ☐ LECTURE ☐ VIDEO REVIEW ONLY

FIREARMS TRAINING:

WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
-------------	---------	---------------	-----------	-------------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
-------------	---------	---------------	-----------	-------------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
-------------	---------	---------------	-----------	-------------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

Officer Obtaining Training / Completing Form: _____

COMPLETE FORM AFTER ALL TRAINING SESSIONS ATTACH COPY OF CERTIFICATE IF PROVIDED;
TURN ORIGINAL INTO OFFICE OF THE CHIEF FOR INCLUSION INTO TRAINING FILE/KEEP COPY FOR YOUR RECORDS

BSOT 1107

EXHIBIT 13

BERRIEN SPRINGS ORONOKO TWP POLICE OFFICER REPORT OF TRAINING

NAME: ZWISS ID#: 109 DATE: 3/10/20

TRAINING DATE(S): FROM: 3/10/20 TO: 3/18/20 # HOURS: 7.5

COURSE TITLE: DEFENSIVE TACTICS

LOCATION OF TRAINING: BCSD TRAINING FACILITY

TRAINING PROVIDER: BCSD

INSTRUCTOR: J. UHNIK

TYPE OF TRAINING or DEPARTMENT POLICY REVIEW: (LIST CHAPTERS/TOPICS) USE OF FORCE, HAND CUFFING

MCOLES APPROVED COURSE: ☒ YES ☐ NO MCOLES NUMBER: [REDACTED]

INNER-DEPARTMENT PROVIDED TRAINING ONLY: ☐ YES ☒ NO

CERTIFICATE EARNED: ☐ YES ☒ NO (IF YES, ATTACH COPY OF CERTIFICATE)

CHECK ALL THAT APPLY

☒ PRACTICAL EXERCISES ☒ LECTURE ☐ VIDEO REVIEW ONLY

FIREARMS TRAINING:

WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE

Officer Obtaining Training / Completing Form: _____

COMPLETE FORM AFTER ALL TRAINING SESSIONS ATTACH COPY OF CERTIFICATE IF PROVIDED;
TURN ORIGINAL INTO OFFICE OF THE CHIEF FOR INCLUSION INTO TRAINING FILE/KEEP COPY FOR YOUR RECORDS

BERRIEN SPRINGS ORONOKO TWP POLICE OFFICER REPORT OF TRAINING

NAME: J. WYSS ID#: 109 DATE: 7/10/19TRAINING DATE(S): FROM: 7/10/19 TO: 7/10/19 # HOURS: 4COURSE TITLE: FIREARMSLOCATION OF TRAINING: CAMP BETZTRAINING PROVIDER: K. HAEFER

INSTRUCTOR: _____

TYPE OF TRAINING or DEPARTMENT POLICY REVIEW: (LIST CHAPTERS/TOPICS) _____

USE OF FORCE, FIRE ARMSMCOLES APPROVED COURSE: ☒ YES ☐ NO MCOLES NUMBER [REDACTED]INNER-DEPARTMENT PROVIDED TRAINING ONLY: ☒ YES ☐ NOCERTIFICATE EARNED: ☐ YES ☒ NO (IF YES, ATTACH COPY OF CERTIFICATE)

CHECK ALL THAT APPLY

☒ PRACTICAL EXERCISES ☐ LECTURE ☐ VIDEO REVIEW ONLY

FIREARMS TRAINING:

WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
<u>GLOCK 17</u>	<u>9mm</u>	_____	_____	_____
<u>AR-15</u>	<u>.223</u>	_____	_____	_____
<u>SHOTGUN</u>	<u>12 GA</u>	_____	_____	_____

Officer Obtaining Training / Completing Form: [Signature]

COMPLETE FORM AFTER ALL TRAINING SESSIONS - ATTACH COPY OF CERTIFICATE IF PROVIDED;
TURN ORIGINAL INTO OFFICE OF THE CHIEF FOR INCLUSION INTO TRAINING FILE/KEEP COPY FOR YOUR RECORDS

BERRIEN SPRINGS ORONOKO TWP POLICE OFFICER REPORT OF TRAINING

NAME: J WYSS ID#: 109 DATE: 3 / 14 / 19

TRAINING DATE(S): FROM: 3 / 14 / 19 TO: 3 / 14 / 19 # HOURS: _____

COURSE TITLE: TASER & PCT

LOCATION OF TRAINING: BCSD

TRAINING PROVIDER: BCSD

INSTRUCTOR: DNER; ALOI

TYPE OF TRAINING or DEPARTMENT POLICY REVIEW: (LIST CHAPTERS/TOPICS) _____

LESS LETHAL - HANDS ON

MCOLAS APPROVED COURSE: ☒ YES ☐ NO MCOLAS NUMBER: _____

INNER-DEPARTMENT PROVIDED TRAINING ONLY: ☐ YES ☐ NO


CERTIFICATE EARNED: ☐ YES ☒ NO (IF YES, ATTACH COPY OF CERTIFICATE)

CHECK ALL THAT APPLY

☒ PRACTICAL EXERCISES ☒ LECTURE ☐ VIDEO REVIEW ONLY

FIREARMS TRAINING:

WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____

Officer Obtaining Training / Completing Form: 

COMPLETE FORM AFTER ALL TRAINING SESSIONS - ATTACH COPY OF CERTIFICATE IF PROVIDED;
TURN ORIGINAL INTO OFFICE OF THE CHIEF FOR INCLUSION INTO TRAINING FILE/KEEP COPY FOR YOUR RECORDS

BERRIEN SPRINGS ORONOKO TWP POLICE OFFICER REPORT OF TRAINING

NAME: J. WISS ID#: 109 DATE: 1/29/18TRAINING DATE(S): FROM: 1/1/18 TO: 1/1/18 # HOURS: 1COURSE TITLE: CREATING DISTANCE IN A DEADLY SITUATIONLOCATION OF TRAINING: BSOTPDTRAINING PROVIDER: POLICE ONE

INSTRUCTOR: _____

TYPE OF TRAINING or DEPARTMENT POLICY REVIEW: (LIST CHAPTERS/TOPICS) _____

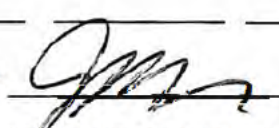
MCOLES APPROVED COURSE: ☒ YES ☐ NO MCOLES NUMBER: 45412INNER-DEPARTMENT PROVIDED TRAINING ONLY: ☒ YES ☒ NOCERTIFICATE EARNED: ☐ YES ☐ NO (IF YES, ATTACH COPY OF CERTIFICATE)

CHECK ALL THAT APPLY

☐ PRACTICAL EXERCISES ☐ LECTURE ☒ VIDEO REVIEW ONLY

FIREARMS TRAINING:

WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____

Officer Obtaining Training / Completing Form: 

COMPLETE FORM AFTER ALL TRAINING SESSIONS ATTACH COPY OF CERTIFICATE IF PROVIDED;
TURN ORIGINAL INTO OFFICE OF THE CHIEF FOR INCLUSION INTO TRAINING FILE/KEEP COPY FOR YOUR RECORDS

BERRIEN SPRINGS ORONOKO TWP POLICE OFFICER REPORT OF TRAINING

NAME: J. WYSS ID#: 169 DATE: 3/12/18TRAINING DATE(S): FROM: 3/12/18 TO: 3/12/18 # HOURS: 8COURSE TITLE: PCT / TASEL RECERTLOCATION OF TRAINING: 092 ANGLING RDTRAINING PROVIDER: BCSD

INSTRUCTOR: _____

TYPE OF TRAINING or DEPARTMENT POLICY REVIEW: (LIST CHAPTERS/TOPICS) _____

LESS LETHAL, USE OF FORCEMCOLES APPROVED COURSE: ☒ YES ☐ NO MCOLES NUMBER: 45412INNER-DEPARTMENT PROVIDED TRAINING ONLY: ☐ YES ☒ NOCERTIFICATE EARNED: ☐ YES ☐ NO (IF YES, ATTACH COPY OF CERTIFICATE)

CHECK ALL THAT APPLY

☒ PRACTICAL EXERCISES ☒ LECTURE ☐ VIDEO REVIEW ONLY

FIREARMS TRAINING:

WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____

Officer Obtaining Training / Completing Form: _____

COMPLETE FORM AFTER ALL TRAINING SESSIONS – ATTACH COPY OF CERTIFICATE IF PROVIDED;
TURN ORIGINAL INTO OFFICE OF THE CHIEF FOR INCLUSION INTO TRAINING FILE/KEEP COPY FOR YOUR RECORDS

BERRIEN SPRINGS ORONOKO TWP POLICE OFFICER REPORT OF TRAINING

NAME: J. WYSS ID#: 169 DATE: 3 / 16 / 18

TRAINING DATE(S): FROM: 3 / 16 / 18 TO: 3 / 16 / 18 # HOURS: 4

COURSE TITLE: CPR / FIRST AID / AED

LOCATION OF TRAINING: BSOTPD

TRAINING PROVIDER: AMERICAN HEART ASSOCIATION

INSTRUCTOR: _____

TYPE OF TRAINING or DEPARTMENT POLICY REVIEW: (LIST CHAPTERS/TOPICS) _____

FIRST AID / LIFE SAVING

MCOLES APPROVED COURSE: ☒ YES ☐ NO MCOLES NUMBER [REDACTED]

INNER-DEPARTMENT PROVIDED TRAINING ONLY: ☒ YES ☐ NO

CERTIFICATE EARNED: ☒ YES ☐ NO (IF YES, ATTACH COPY OF CERTIFICATE)

CHECK ALL THAT APPLY

☒ PRACTICAL EXERCISES ☒ LECTURE ☐ VIDEO REVIEW ONLY

FIREARMS TRAINING:

WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

Officer Obtaining Training / Completing Form: _____

COMPLETE FORM AFTER ALL TRAINING SESSIONS – ATTACH COPY OF CERTIFICATE IF PROVIDED;
TURN ORIGINAL INTO OFFICE OF THE CHIEF FOR INCLUSION INTO TRAINING FILE/KEEP COPY FOR YOUR RECORDS

BERRIEN SPRINGS ORONOKO TWP POLICE OFFICER REPORT OF TRAINING

NAME: J. WYSS ID#: 109 DATE: 7/10/18TRAINING DATE(S): FROM: 7/10/18 TO: 1/1 # HOURS: 1COURSE TITLE: CONTROLLING THE SITUATIONLOCATION OF TRAINING: BSOTPDTRAINING PROVIDER: POLICE ONE

INSTRUCTOR: _____

TYPE OF TRAINING or DEPARTMENT POLICY REVIEW: (LIST CHAPTERS/TOPICS) _____

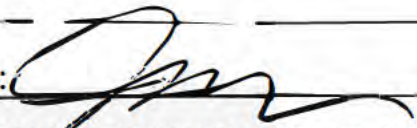
MCOLES APPROVED COURSE: ☒ YES ☐ NO MCOLES NUMB [REDACTED]INNER-DEPARTMENT PROVIDED TRAINING ONLY: ☒ YES ☐ NOCERTIFICATE EARNED: ☐ YES ☐ NO (IF YES, ATTACH COPY OF CERTIFICATE)

CHECK ALL THAT APPLY

☐ PRACTICAL EXERCISES ☐ LECTURE ☒ VIDEO REVIEW ONLY

FIREARMS TRAINING:

WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____

Officer Obtaining Training / Completing Form: 

COMPLETE FORM AFTER ALL TRAINING SESSIONS – ATTACH COPY OF CERTIFICATE IF PROVIDED;
TURN ORIGINAL INTO OFFICE OF THE CHIEF FOR INCLUSION INTO TRAINING FILE/KEEP COPY FOR YOUR RECORDS

BERRIEN SPRINGS ORONOKO TWP POLICE OFFICER REPORT OF TRAINING

NAME: JIM WYSS ID#: 109 DATE: 9 19 18TRAINING DATE(S): FROM: 9 19 18 TO: 9 19 18 # HOURS: 3COURSE TITLE: FIREARMSLOCATION OF TRAINING: CAMP BETETRAINING PROVIDER: K. HAEFER

INSTRUCTOR: _____

TYPE OF TRAINING or DEPARTMENT POLICY REVIEW: (LIST CHAPTERS/TOPICS) _____

FIREARMS, USE OF FORCEMCOLES APPROVED COURSE: ☒ YES ☐ NO MCOLES NUMBER: [REDACTED]INNER-DEPARTMENT PROVIDED TRAINING ONLY: ☒ YES ☐ NOCERTIFICATE EARNED: ☐ YES ☐ NO (IF YES, ATTACH COPY OF CERTIFICATE)

CHECK ALL THAT APPLY

☒ PRACTICAL EXERCISES ☐ LECTURE ☐ VIDEO REVIEW ONLY

FIREARMS TRAINING:

WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
<u>GLOCK</u>	<u>9A</u>	_____	<u>YES</u>	_____

WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
<u>AR-15</u>	<u>5.56</u>	_____	_____	_____

WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
<u>SHOTGUN</u>	<u>12GA</u>	_____	<u>YES</u>	_____

Officer Obtaining Training / Completing Form: 

COMPLETE FORM AFTER ALL TRAINING SESSIONS ATTACH COPY OF CERTIFICATE IF PROVIDED;
TURN ORIGINAL INTO OFFICE OF THE CHIEF FOR INCLUSION INTO TRAINING FILE/KEEP COPY FOR YOUR RECORDS

BERRIEN SPRINGS ORONOKO TWP POLICE OFFICER REPORT OF TRAINING

NAME: JAMES N. WYSS ID#: 109 DATE: 3 / 18 / 18

TRAINING DATE(S): FROM: 3 / 18 / 18 TO: 3 / 18 / 18 # HOURS: 8

COURSE TITLE: PCT, TASER

LOCATION OF TRAINING: BCSD TRAINING FACILITY

TRAINING PROVIDER: BCSD

INSTRUCTOR: _____

TYPE OF TRAINING or DEPARTMENT POLICY REVIEW: (LIST CHAPTERS/TOPICS) _____

USE OF FORCE, LESS LETHAL

MCOLAS APPROVED COURSE: ☒ YES ☐ NO MCOLAS NUMBER: [REDACTED]

INNER-DEPARTMENT PROVIDED TRAINING ONLY: ☐ YES ☒ NO

CERTIFICATE EARNED: ☐ YES ☐ NO (IF YES, ATTACH COPY OF CERTIFICATE)

CHECK ALL THAT APPLY

☒ PRACTICAL EXERCISES ☐ LECTURE ☐ VIDEO REVIEW ONLY

FIREARMS TRAINING:

WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____

Officer Obtaining Training / Completing Form: _____

COMPLETE FORM AFTER ALL TRAINING SESSIONS ATTACH COPY OF CERTIFICATE IF PROVIDED;
TURN ORIGINAL INTO OFFICE OF THE CHIEF FOR INCLUSION INTO TRAINING FILE/KEEP COPY FOR YOUR RECORDS

BERRIEN SPRINGS ORONOKO TWP POLICE OFFICER REPORT OF TRAINING

NAME: JAMES N. WYSS ID#: 109 DATE: 3 / 16 / 18TRAINING DATE(S): FROM: 3 / 16 / 18 TO: 3 / 16 / 18 # HOURS: 3COURSE TITLE: CPR & First AidLOCATION OF TRAINING: BSOTPD

TRAINING PROVIDER: _____

INSTRUCTOR: _____

TYPE OF TRAINING or DEPARTMENT POLICY REVIEW: (LIST CHAPTERS/TOPICS) _____

CPR & First AidMCOLES APPROVED COURSE: ☒ YES ☐ NO MCOLES NUMBER: [REDACTED]INNER-DEPARTMENT PROVIDED TRAINING ONLY: ☒ YES ☐ NOCERTIFICATE EARNED: ☐ YES ☐ NO (IF YES, ATTACH COPY OF CERTIFICATE)

CHECK ALL THAT APPLY

☒ PRACTICAL EXERCISES ☒ LECTURE ☐ VIDEO REVIEW ONLY

FIREARMS TRAINING:

WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____

Officer Obtaining Training / Completing Form: _____

COMPLETE FORM AFTER ALL TRAINING SESSIONS – ATTACH COPY OF CERTIFICATE IF PROVIDED;
TURN ORIGINAL INTO OFFICE OF THE CHIEF FOR INCLUSION INTO TRAINING FILE/KEEP COPY FOR YOUR RECORDS

BERRIEN SPRINGS ORONOKO TWP POLICE OFFICER REPORT OF TRAINING

NAME: WY35 ID#: 109 DATE: 3 / 6 / 17TRAINING DATE(S): FROM: 3 / 6 / 17 TO: 3 / 6 / 17 # HOURS: 8COURSE TITLE: PPCT / TASERLOCATION OF TRAINING: BCSD STOWER TRAINING CENTERTRAINING PROVIDER: BCSDINSTRUCTOR: VONKOENIG / WILKIE

TYPE OF TRAINING or DEPARTMENT POLICY REVIEW: (LIST CHAPTERS/TOPICS) _____

MCOLES APPROVED COURSE: ☐ YES ☐ NO MCOLES NUMBER: [REDACTED]INNER-DEPARTMENT PROVIDED TRAINING ONLY: ☐ YES ☒ NOCERTIFICATE EARNED: ☐ YES ☒ NO (IF YES, ATTACH COPY OF CERTIFICATE)

CHECK ALL THAT APPLY

☒ PRACTICAL EXERCISES ☒ LECTURE ☒ VIDEO REVIEW ONLY

FIREARMS TRAINING:

WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____

Officer Obtaining Training / Completing Form: _____

COMPLETE FORM AFTER ALL TRAINING SESSIONS - ATTACH COPY OF CERTIFICATE IF PROVIDED;
TURN ORIGINAL INTO OFFICE OF THE CHIEF FOR INCLUSION INTO TRAINING FILE/KEEP COPY FOR YOUR RECORDS

BERRIEN SPRINGS ORONOKO TWP POLICE OFFICER REPORT OF TRAINING

NAME: WYSS ID#: 109 DATE: 3/2/16TRAINING DATE(S): FROM: 3/2/16 TO: 3/2/16 # HOURS: 1COURSE TITLE: OC SPRAY - LESS LETHALLOCATION OF TRAINING: BSOTPDTRAINING PROVIDER: BCSPINSTRUCTOR: Dodd, KevinTYPE OF TRAINING or DEPARTMENT POLICY REVIEW: (LIST CHAPTERS/TOPICS) LESS LETHAL - USE OF FORCEMCOLES APPROVED COURSE: ☒ YES ☐ NO MCOLES NUMBER: [REDACTED]INNER-DEPARTMENT PROVIDED TRAINING ONLY: ☒ YES ☐ NOCERTIFICATE EARNED: ☒ YES ☐ NO (IF YES, ATTACH COPY OF CERTIFICATE)

CHECK ALL THAT APPLY

☒ PRACTICAL EXERCISES ☒ LECTURE ☒ VIDEO REVIEW ONLY

FIREARMS TRAINING:

WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE

Officer Obtaining Training / Completing Form: _____

COMPLETE FORM AFTER ALL TRAINING SESSIONS – ATTACH COPY OF CERTIFICATE IF PROVIDED;
TURN ORIGINAL INTO OFFICE OF THE CHIEF FOR INCLUSION INTO TRAINING FILE/KEEP COPY FOR YOUR RECORDS

BERRIEN SPRINGS ORONOKO TWP POLICE OFFICER REPORT OF TRAINING

NAME: WYSS JAMES W. ID#: 109 DATE: 3/2/16TRAINING DATE(S): FROM: 3/2/16 TO: 3/2/16 # HOURS: 8COURSE TITLE: TASER LESS LETHALLOCATION OF TRAINING: BSOTPDTRAINING PROVIDER: BSOTINSTRUCTOR: DODD KOVATYPE OF TRAINING or DEPARTMENT POLICY REVIEW: (LIST CHAPTERS/TOPICS) USE OF FORCE LESS LETHALMCOLES APPROVED COURSE: ☒ YES ☐ NO MCOLES NUMBER: [REDACTED]INNER-DEPARTMENT PROVIDED TRAINING ONLY: ☐ YES ☒ NOCERTIFICATE EARNED: ☒ YES ☐ NO (IF YES, ATTACH COPY OF CERTIFICATE)

CHECK ALL THAT APPLY

☒ PRACTICAL EXERCISES ☒ LECTURE ☒ VIDEO REVIEW ONLY

FIREARMS TRAINING:

WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE

Officer Obtaining Training / Completing Form: _____

COMPLETE FORM AFTER ALL TRAINING SESSIONS ATTACH COPY OF CERTIFICATE IF PROVIDED;
TURN ORIGINAL INTO OFFICE OF THE CHIEF FOR INCLUSION INTO TRAINING FILE/KEEP COPY FOR YOUR RECORDS



TASER
TRAINING ACADEMY

TASER Conducted Electrical Weapon
TASER Certified End User Certificate

JAMES WYSS

This certifies that the above named individual James Wyss has completed the training required and has passed a written examination in the use of the TASER X2 conducted Electrical Weapon. By accepting this User Certificate, the Student accepts the terms of the TASER Training Materials License Agreement, incorporated herein by reference, and agrees to be bound by its terms as a Licensee of TASER International, Inc. This certification must be renewed annually.

Instructor: Ian Dodd *Date* 03-02-16

BERRIEN SPRINGS ORONOKO TWP POLICE OFFICER REPORT OF TRAINING

NAME: WYSS ID#: 109 DATE: 2 / 11 / 16TRAINING DATE(S): FROM: 2 / 11 / 16 TO: 2 / 11 / 16 # HOURS: 2COURSE TITLE: NARCAN TRAININGLOCATION OF TRAINING: BSOTPDTRAINING PROVIDER: GRAND RAPIDS RED PROGRAMINSTRUCTOR: STEVE ALSEMAN

TYPE OF TRAINING or DEPARTMENT POLICY REVIEW: (LIST CHAPTERS/TOPICS) _____

MCOLES APPROVED COURSE: ☐ YES ☒ NO MCOLES NUMBER: _____INNER-DEPARTMENT PROVIDED TRAINING ONLY: ☐ YES ☒ NOCERTIFICATE EARNED: ☐ YES ☒ NO (IF YES, ATTACH COPY OF CERTIFICATE)

CHECK ALL THAT APPLY

☐ PRACTICAL EXERCISES ☒ LECTURE ☐ VIDEO REVIEW ONLY

FIREARMS TRAINING:

WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____

Officer Obtaining Training / Completing Form: _____

COMPLETE FORM AFTER ALL TRAINING SESSIONS ATTACH COPY OF CERTIFICATE IF PROVIDED;
TURN ORIGINAL INTO OFFICE OF THE CHIEF FOR INCLUSION INTO TRAINING FILE/KEEP COPY FOR YOUR RECORDS

BERRIEN SPRINGS ORONOKO TWP POLICE OFFICER REPORT OF TRAINING

NAME: WYSS ID#: 109 DATE: 1 / 11 / 16TRAINING DATE(S): FROM: 1 / 11 / 16 TO: 1 / 11 / 16 # HOURS: 1.5COURSE TITLE: CPRLOCATION OF TRAINING: BSOTPDTRAINING PROVIDER: AMERICAN HEART ASSNINSTRUCTOR: RODRIGUEZTYPE OF TRAINING or DEPARTMENT POLICY REVIEW: (LIST CHAPTERS/TOPICS) CPRMCOLES APPROVED COURSE: ☐ YES ☒ NO MCOLES NUMBER: _____INNER-DEPARTMENT PROVIDED TRAINING ONLY: ☐ YES ☒ NOCERTIFICATE EARNED: ☐ YES ☒ NO (IF YES, ATTACH COPY OF CERTIFICATE)

CHECK ALL THAT APPLY

☒ PRACTICAL EXERCISES ☒ LECTURE ☐ VIDEO REVIEW ONLY

FIREARMS TRAINING:

WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____

Officer Obtaining Training / Completing Form: _____

COMPLETE FORM AFTER ALL TRAINING SESSIONS – ATTACH COPY OF CERTIFICATE IF PROVIDED;
TURN ORIGINAL INTO OFFICE OF THE CHIEF FOR INCLUSION INTO TRAINING FILE/KEEP COPY FOR YOUR RECORDS

BERRIEN SPRINGS ORONOKO TWP POLICE OFFICER REPORT OF TRAINING


NAME: WYSS 109 ID#: 109 DATE: 6 13 15TRAINING DATE(S): FROM: 6 13 15 TO: 6 13 15 # HOURS: 3COURSE TITLE: LESS LETHALLOCATION OF TRAINING: BSOTPDTRAINING PROVIDER: BCSDINSTRUCTOR: DAN JEWELLTYPE OF TRAINING or DEPARTMENT POLICY REVIEW: (LIST CHAPTERS/TOPICS) LESS LETHAL TRAININGMCOLES APPROVED COURSE: ☒ YES ☐ NO MCOLES NUMBER: [REDACTED]INNER-DEPARTMENT PROVIDED TRAINING ONLY: ☒ YES ☐ NOCERTIFICATE EARNED: ☐ YES ☒ NO (IF YES, ATTACH COPY OF CERTIFICATE)

CHECK ALL THAT APPLY

☒ PRACTICAL EXERCISES ☒ LECTURE ☐ VIDEO REVIEW ONLY

FIREARMS TRAINING:

WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE

Officer Obtaining Training / Completing Form: 

COMPLETE FORM AFTER ALL TRAINING SESSIONS ATTACH COPY OF CERTIFICATE IF PROVIDED,
TURN ORIGINAL INTO OFFICE OF THE CHIEF FOR INCLUSION INTO TRAINING FILE/KEEP COPY FOR YOUR RECORDS

Berrien County Sheriff's Office

L. Paul Bailey, Sheriff

BASIC LESS-LETHAL SHOTGUN OPERATOR

THIS CERTIFICATE IS PRESENTED TO

Jim Wyss

Completion Date: 06/03/2015

This is to certify that the above has satisfactorily completed the 3 hr. Basic Less-Lethal Shotgun Course. This course is designed to provide the student with the fundamental operating skills, decision making process and legal considerations specific to the use of the Defense Technologies© 23DS bean bag projectile. This course also follows the policy and procedure chpt. 5 sec. 4b under the Berrien County Sheriff's Office which requires annual re-certification.



Instructor: Lt. Dan Jewell BCSO / Instructor Cert. exp. 12/31/2015



Berrien County Sheriff Office
919 Port Street
St. Joseph, MI 49085
269-983-7141



BERRIEN SPRINGS ORONOKO TWP POLICE OFFICER REPORT OF TRAINING

NAME: WYSS ID#: 109 DATE: 6 12 15TRAINING DATE(S): FROM: 6 12 15 TO: 6 12 15 # HOURS: 6COURSE TITLE: LEGAL UPDATELOCATION OF TRAINING: VBISD CONFERENCE CENTERTRAINING PROVIDER: WMTCINSTRUCTOR: GREIDANUS

TYPE OF TRAINING or DEPARTMENT POLICY REVIEW: (LIST CHAPTERS/TOPICS) _____

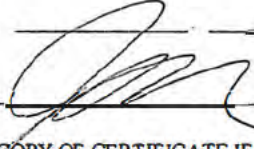
MCOLES APPROVED COURSE: ☒ YES ☐ NO MCOLES NUMBER: [REDACTED]INNER-DEPARTMENT PROVIDED TRAINING ONLY: ☐ YES ☐ NOCERTIFICATE EARNED: ☐ YES ☐ NO (IF YES, ATTACH COPY OF CERTIFICATE)

CHECK ALL THAT APPLY

☐ PRACTICAL EXERCISES ☒ LECTURE ☐ VIDEO REVIEW ONLY

FIREARMS TRAINING:

WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____

Officer Obtaining Training / Completing Form: 

COMPLETE FORM AFTER ALL TRAINING SESSIONS – ATTACH COPY OF CERTIFICATE IF PROVIDED;
TURN ORIGINAL INTO OFFICE OF THE CHIEF FOR INCLUSION INTO TRAINING FILE/KEEP COPY FOR YOUR RECORDS

BERRIEN SPRINGS ORONOKO TWP POLICE OFFICER REPORT OF TRAINING

NAME: WYSS ID#: 109 DATE: 4/22/15TRAINING DATE(S): FROM: 4/22/15 TO: 4/22/15 # HOURS: 7COURSE TITLE: MENTAL HEALTH FIRST AIDLOCATION OF TRAINING: BSOTPDTRAINING PROVIDER: RIVERWOOD

INSTRUCTOR: _____

TYPE OF TRAINING or DEPARTMENT POLICY REVIEW: (LIST CHAPTERS/TOPICS) _____

MCOLES APPROVED COURSE: ☐ YES ☒ NO MCOLES NUMBER: [REDACTED]INNER-DEPARTMENT PROVIDED TRAINING ONLY: ☐ YES ☐ NOCERTIFICATE EARNED: ☐ YES ☐ NO (IF YES, ATTACH COPY OF CERTIFICATE)

CHECK ALL THAT APPLY

☒ PRACTICAL EXERCISES ☒ LECTURE ☐ VIDEO REVIEW ONLY

FIREARMS TRAINING:

WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____

Officer Obtaining Training / Completing Form: _____

COMPLETE FORM AFTER ALL TRAINING SESSIONS ATTACH COPY OF CERTIFICATE IF PROVIDED;
TURN ORIGINAL INTO OFFICE OF THE CHIEF FOR INCLUSION INTO TRAINING FILE/KEEP COPY FOR YOUR RECORDS

Mental Health First Aid USA



MENTAL
HEALTH
FIRST AID

Certificate

James Wyss

has completed the 8-hour course and is now certified in

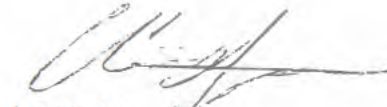
Mental Health First Aid USA

And has been trained to provide initial help to people experiencing mental health problems such as depression, anxiety disorders, psychosis and substance use disorders.

This certification became effective on: **April 22, 2015**
Date

This certification expires on: **April 22, 2018**
Date


Instructor


Instructor



**NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH**
MENTAL HEALTH FIRST AID

Mental Health First Aid USA is coordinated by the National Council for Community Behavioral Healthcare, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health.



BERRIEN SPRINGS ORONOKO TWP POLICE OFFICER REPORT OF TRAINING

NAME: WYSS ID#: 109 DATE: 10/16/14TRAINING DATE(S): FROM: 10/16/14 TO: 10/16/14 # HOURS: 1COURSE TITLE: LEGAL UPDATE "GREEN LIGHT"LOCATION OF TRAINING: BSOTPDTRAINING PROVIDER: BSOTPD

INSTRUCTOR: _____

TYPE OF TRAINING or DEPARTMENT POLICY REVIEW: (LIST CHAPTERS/TOPICS) _____

MCOLES APPROVED COURSE: ☐ YES ☐ NO MCOLES NUMBER: _____INNER-DEPARTMENT PROVIDED TRAINING ONLY: ☐ YES ☐ NOCERTIFICATE EARNED: ☐ YES ☐ NO (IF YES, ATTACH COPY OF CERTIFICATE)

CHECK ALL THAT APPLY

☐ PRACTICAL EXERCISES ☐ LECTURE ☐ VIDEO REVIEW ONLY

FIREARMS TRAINING:

WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
_____	_____	_____	_____	_____

Officer Obtaining Training / Completing Form: _____

COMPLETE FORM AFTER ALL TRAINING SESSIONS - ATTACH COPY OF CERTIFICATE IF PROVIDED;
TURN ORIGINAL INTO OFFICE OF THE CHIEF FOR INCLUSION INTO TRAINING FILE/KEEP COPY FOR YOUR RECORDS

BERRIEN SPRINGS ORONOKO TWP POLICE OFFICER REPORT OF TRAINING

NAME: HYSS 109 ID#: 109 DATE: 3 120 114TRAINING DATE(S): FROM: 3 120 114 TO: 3 120 114 # HOURS: 8COURSE TITLE: LEGAL UPDATELOCATION OF TRAINING: LAWRENCETRAINING PROVIDER: WESTERN MI POLICE TRAININGINSTRUCTOR: DAVE GREY DAVISTYPE OF TRAINING or DEPARTMENT POLICY REVIEW: (LIST CHAPTERS/TOPICS) LEGAL UPDATELEGAL UPDATEMCOLES APPROVED COURSE: ☒ YES ☐ NO MCOLES NUMBER: _____INNER-DEPARTMENT PROVIDED TRAINING ONLY: ☐ YES ☒ NOCERTIFICATE EARNED: ☐ YES ☒ NO (IF YES, ATTACH COPY OF CERTIFICATE)

CHECK ALL THAT APPLY

☐ PRACTICAL EXERCISES ☒ LECTURE ☐ VIDEO REVIEW ONLY

FIREARMS TRAINING:

WEAPON USED CALIBER SERIAL NUMBER QUALIFIED COURSE TYPE

WEAPON USED CALIBER SERIAL NUMBER QUALIFIED COURSE TYPE

WEAPON USED CALIBER SERIAL NUMBER QUALIFIED COURSE TYPE

Officer Obtaining Training / Completing Form:  Jim W. Hyss

COMPLETE FORM AFTER ALL TRAINING SESSIONS – ATTACH COPY OF CERTIFICATE IF PROVIDED;
TURN ORIGINAL INTO OFFICE OF THE CHIEF FOR INCLUSION INTO TRAINING FILE/KEEP COPY FOR YOUR RECORDS